

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

071851097

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	1				
3		3				
4		0				
5		0				
6		0				
7		0				
8	1					
9		0				
10		0				
11		0				
12		0				
13	1					
14		1				
15		2				
16		0				
17		0				
18	1					
19	1					
20	1	2				
21		2				
22	1					
23	1					
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48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	10					
TOTAL CLAIMS	29					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS